FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6015333 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 2198119/IL139856 2198148/IL139902 2197735/IL139371 S9999 Final Observations S9999 Statement of Licensure Violations (1 of 2): 300.1010h) 300.1210b) 300.1210c) 300.1210d)2)3) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health. safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident. injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

each resident's comprehensive resident care plan. Adequate and properly supervised nursing

care and personal care shall be provided to each

resident to meet the total nursing and personal

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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Findings include:

the local hospital for evaluation and being admitted for hyperosmolar hyperglycemic syndrome, dehydration and acute kidney failure.

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6015333 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 R15: Review of R15's medical record notes R15 with diagnoses including: Alzheimer's disease. diabetes, high blood pressure, history of falling. repeated falls, and dehydration. On 10/22/2021 at 12:30pm, V31 NP (nurse practitioner) stated that laboratory results will pop up in the resident's electronic medical record to be reviewed. V31 stated that V31 would expect the nurse to call nurse practitioner/physician with critical laboratory values immediately upon receiving results. V31 stated that V31 was not made aware of any critical laboratory values for R15. On 10/22/2021 at 1:50pm, V12 LPN (licensed practical nurse) stated that critical laboratory test results are telephoned to the nurse by the outside laboratory service. V12 stated that the physician/nurse practitioner should be notified of all critical results immediately. V12 denied receiving any critical laboratory test results for R15. On 11/9/21 at 1:30pm, V2 DON (director of nursing) stated that blood glucose (sugar) results are documented in the resident's MAR (medication administration record). V2 stated that the vital sign section of the resident's electronic medical record pulls the blood glucose results from the MAR and also notes the time the results were obtained. V2 stated that staff do not document blood glucose results directly into this section. V2 stated that blood glucose testing should be performed before the resident begins

400.
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to eat meal. V2 stated that the physician should be notified for blood glucose results greater than

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ **B. WING** IL6015333 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 Review of R15's laboratory test results, dated 10/12/21 at 3:06pm, notes a critical sodium level was called with readback to V12 LPN by the outside laboratory service. R15's critical sodium level was 167 (normal range is 136-147). Review of R15's laboratory test results, dated 10/12/21 at 1:34pm, notes R15 with white blood cells 15.56 (normal range is 4.8-10.8), neutrophils 12.84 (normal range is 1.4-6.8), elevated neutrophils indicate infection; blood glucose level 402 (normal range is 70-110; BUN (blood urea nitrogen) 55 (normal range is 8-28); creatinine 2.53 (normal range is 0.4-1.6). BUN and creatinine levels monitor how well kidneys are functioning. Review of R15's progress notes, dated 10/13/21 at 6:42pm, notes V3 ADON, V3 spoke with nurse practitioner regarding R15's laboratory test results, V3 received order to transfer R15 to the hospital emergency room for evaluation of acute kidney injury and uncontrolled blood glucose. Review of R15's hospital record, dated 10/13/2021, notes R15 presented to the emergency room with altered mental status, low blood pressure secondary to dehydration, acute kidney injury, elevated sodium level, elevated potassium level, and HHS (hyperosmolar hyperalycemic syndrome - a serious complication of diabetes, occurs when a person's blood sugar levels are too high for a long period, leading to severe dehydration). Per EMS (emergency medical services), this facility called because R15 had low blood pressure, high blood sugar, making incomprehensible sounds, and has altered mental status. Per nurse at this facility, R15 has been displaying increased altered mental status

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	£	COMPLETED	
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		IL6015333	B. WING			C 16/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
APERIO	N CARE FOREST PAR	8200 WES	T ROOSEV	ELT ROAD		
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S9999	Continued From pa	ge 4	S9999	3		
Th	difficult to arouse to today. R15 visibly v of left lower abdome tomography) scan o moderate fecal burg	of R15's abdomen noted den in rectum. In the			•	
	performed at R15's (normal range is 70	t15's initial blood sugar level bedside was greater than 600 -110). Laboratory testing 6. R15's sodium level was s 136-147).		20 nd		
	dated 11/8/2020, no	OS (physician order sheet), tes an order for blood glucose hree times daily before meals ted to diabetes.			22	4
	notes:					
	On 10/4 at 4:00pm, blood glucose result On 10/7 at 4:00pm, as 138.	blood glucose documented		\$7		
	as 214. On 10/8 at 11:00am, are no results docum On 10/9 at 11:00am, as 204.	blood glucose documented , 4:00pm, and 9:00pm there nented. , blood glucose documented , there are no results		্		
	Review of the vital si R15's medical record	ign documentation section of d, October 2021, notes the de blood glucose testing was				Ħ

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nurse is expected to check laboratory results every shift. V10 stated that the results are called to the physician/nurse practitioner. V10 stated that with critically high or low results, the

physician is notified immediately. V10 stated that the nurse documents in the resident's progress notes when the physician is notified. V10 stated

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C B. WING IL6015333 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 that V10 does not recall receiving any critical laboratory test results called to V10 on 10/20/21. On 11/3/2021 at 12:00pm, V20 NP (nurse practitioner) stated that laboratory results are electronically transmitted to the resident's medical record by the outside laboratory service. V20 stated that V20 will review the lab results. V20 stated that V20 would expect the nurse to call V20 with all critical laboratory results. V20 stated that potassium is an electrolyte in the body that helps the heart function. V20 stated that V20 does not recall reviewing R16's laboratory test results on 10/20/21, Review of R16's laboratory test results, dated 10/20/2021 at 1:15pm, notes critical potassium level was called with readback to V10 LPN by the outside laboratory service. R16's critical potassium level was 2.7 (normal range is 3.7-5.1). Review of R16's medical record notes R16's laboratory test results were noted as reviewed. There is no documentation of any treatment ordered or initiated upon review of this critical potassium level. 3. R17: Review of R17's laboratory test results, dated 10/20/21 at 1:17pm, notes critical creatinine level was called with readback to V10 LPN by the outside laboratory service. R17's critical creatinine level was 13.35 (normal range is 0.4 - 1.6). Review of R16's medical record notes R16's laboratory test results were noted as reviewed. There is no documentation of any treatment

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Illinois Department of Public Health

Section 300.1210 General Requirements for

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
>		IL6015333	B. WING			C 11/16/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE	11/	10/2021	
APERIO	N CARE FOREST PAR	9200 WES		ELT ROAD			
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	Nursing and Person	nal Care	2				
	and services to atta practicable physical well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident and personal cresident to meet the care needs of the resident and personal cresident to meet the care needs of the resident and personal cresident to meet the care needs of the resident and personal cresident and personal						
×	c) Each direct care- be knowledgeable a respective resident of	giving staff shall review and bout his or her residents' care plan.	mes.				
	d) Pursuant to subsecare shall include, a and shall be practice seven-day-a-week b						
	resident's condition, emotional changes, determining care red further medical evaluations	ations of changes in a including mental and as a means for analyzing and quired and the need for uation and treatment shall be ff and recorded in the ecord.					
	pressure sores, heat breakdown shall be seven-day-a-week be enters the facility wit develop pressure so clinical condition den sores were unavoidal pressure sores shall services to promote	to prevent and treat trashes or other skin practiced on a 24-hour, asis so that a resident who hout pressure sores does not res unless the individual's nonstrates that the pressure able. A resident having receive treatment and healing, prevent infection, ssure sores from developing.				in the second se	

(X2) MULTIPLE CONSTRUCTION

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING IL6015333 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8200 WEST ROOSEVELT ROAD** APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 These requirements were not met as evidenced by: Based on observations, interviews, and record reviews, this facility failed to implement interventions to prevent the development of facility acquired pressure ulcers for 3 residents (R15, R19, and R21) out of 5 residents reviewed for being at risk for skin breakdown in a sample of 22. This failure resulted in R19 being admitted to the hospital with worsening sacral pressure ulcer, osteomyelitis (bone infection) of sacral wound and developing sepsis. Findings include: 1. R19: On 11/9/21 at 9:30am, R19 is observed to be frail. weak. R19 was observed lying supine in bed on a regular mattress. R19's feet were observed to be pressed against foot board. On 11/9/21 at 9:30am, R19 stated that since admission on 8/23/21, R19 was not getting turned/repositioned routinely by staff. R19 asked if R19 could have an air mattress placed on R19's bed. On 11/9/21 at 11:36am, V11 (maintenance) director) stated that V11 is notified when a resident needs a specialty mattress from V2 DON (director of nursing), V3 ADON (assistant director of nursing), or wound care nurse. V11 stated that this facility has some specialty mattresses on

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hand, housekeeping cleans and sanitizes them before putting in storage. V11 stated that V11

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6015333 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 10 S9999 received a list yesterday, 11/8/21 at 2:31pm, for a specialty mattress for R19's bed. V11 stated that V11 leaves at 4:00pm and did not have time to place R19's mattress yesterday; V11 stated that V11 is in process of doing it now. V11 stated that sometimes staff will alert V11 ahead of time if resident is being re-admitted; if resident had specialty mattress before hospitalization, V11 will put one on before resident returns. V11stated that V11 does not recall being made aware R19 was returning to this facility prior to R19's re-admission on 11/5/21. On 11/9/21 at 1:30pm, V2 DON (director of nursing) stated that a specialty mattress should be placed on the resident's bed prior to the resident being re-admitted to this facility. V2 stated that maintenance staff provide the specialty mattresses. V2 denied being informed R19 was re-admitting to this facility on 11/5/21. Review of R19's medical record notes R19 was admitted to this facility on 8/23/2021 with diagnoses including: blood clots in lungs. extradural and subdural spinal abscess, quadriplegia, pleural effusion, major depressive disorder, rectal fistula, and anemia. Review of R19's admission assessment, dated 8/23/21, does not note any alterations in skin integrity. Review of R19's wound assessment, dated 8/24/21, notes a pressure injury to left dorsal foot, measuring 7cm (centimeters) x 2cm, 100% necrotic (dead) tissue. R19's right heel with an unstageable pressure injury, measuring 4cm x 3.5cm, 100% necrotic tissue. Review of R19's wound care physician note,

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6015333	B. WING		11/16/2021	
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S9999	Continued From page 11		S9999			
	pressure ulcer, mea skin, 50% granulation and 10% slough (ye Left heel deep tissu 5cm, 100% deep m	es R19 with a stage 3 sacral asuring 5cm x 7cm, 20% intact on tissue, 20% necrotic tissue, allow non-adherent tissue). The injury, measuring 4cm x aroon. Right heel deep tissue 5cm x 2cm, 100% deep		12		
	dated 9/11/21, notes unstageable pressu crease, measuring 2	und care physician note, s R19 with a new wound: an re ulcer to right ankle anterior 2.5cm x 5cm x 0.1cm, 25% nd 75% necrotic tissue.	1			
	dated 9/14/21, notes	und care physician note, s R19 with a new wound: a p tissue injury, measuring eep maroon.				
	Review of R19's PO dated 9/22/2021, no wound evaluation ar	S (physician order sheet), tes surgical consult for sacral and treatment.				
	medical record notin	ntation found in R19's g R19 had a consultation ding sacral pressure ulcer.				
5,	notes R19 was admi worsening sacral pre- sepsis. X-ray results osteomyelitis (infecti- lateral base of the fif (magnetic resonance notes sacral osteomy abscess measuring in During hospitalization drained and a PICC	pital record, dated 10/25/21, tted to the hospital with essure ulcer and developing of R19's right foot with on of the bone) involving the th metatarsal. MRI e imaging) of R19's pelvis yelitis and a presacral 3.7cm x 1.9cm x 2.6cm. In, R19's abscess was (peripheral intravenous was placed for long term				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE APERION CARE FOREST PARK SUMMED FOREST PARK STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	DATE SURVEY COMPLETED C 11/16/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
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APERION CARE FOREST PARK S200 WEST ROOSEVELT ROAD	***************************************
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	COMPLETE DATE
S9999 Continued From page 12 S9999	
antibiotics to treat R19's osteomyelitis.	
There is no documentation found in R19's medical record noting weekly skin observation assessments were performed since R19's admission to this facility.	
2 R15: On 11/3/2021 at 9:55am, this surveyor observed V47 (wound care nurse) perform wound care treatment for R15. R15 is observed to have a sacral pressure ulcer. When V47 removed R15's sacral dressing, dressing was observed to be non-occlusive and covered on both sides with bowel movement. R15's bowel movement was observed in the wound bed.	
Review of R15's medical records notes R15 with diagnoses including: Alzheimer's disease, diabetes, dementia with behavioral disturbance, high blood pressure, history of falling, repeated falls, and dehydration.	
Review of R15's Braden score, dated 8/2/21, notes R15 is at risk for skin breakdown.	
Review of R15's progress notes, dated 10/13/2021, V13 LPN (licensed practical nurse) noted R15 has a small opening on the sacral area, family, nurse practitioner, and V3 ADON (assistant director of nursing) notified.	11
On 11/8/21, R15's unstageable sacral pressure ulcer, measured 8cm x 13cm x 1.5cm, with undermining 2.5cm 9 o'clock to 3 o'clock, 15% red tissue and 85% slough (yellow non-adherent tissue).	
Review of R15's medical record notes R15's last	

PRINTED: 12/08/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6015333 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 documented weekly skin observation assessment was on 4/28/2021. 3. R21: Review of R21's medical record notes R21 was admitted to this facility on 10/29/21 with diagnoses including: diabetes, high blood pressure, epilepsy, abnormalities of gait and mobility, colostomy, iron deficiency anemia. coronary artery disease, major depressive disorder, anxiety disorder, and surgical aftercare following surgery for perforated small bowel. Review of R21's admission assessment, dated 10/29/21, notes R21's skin without any skin breakdown noted. Review of R21's Braden score, dated 10/30/21, notes R21 is at moderate risk for skin breakdown. Review of R21's wound note, dated 10/30/21, notes R21 with a stage 3 sacral pressure ulcer, 50% pink or red, 50% necrotic (dead), measuring 7cm x 2cm x 0.2cm. Review of R21's pre-admission hospital record does not note R21 with any alterations in skin integrity except for surgical incision to abdomen. On 10/26/21, R21's white blood cell count was 5.5 (normal range is 4.2-11). Review of R21's hospital record, dated 11/2/21, notes R21 presented to the emergency room with low blood pressure requiring intravenous fluids and intravenous medications to stabilize blood

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pressure. R21's white blood cell count was 15.5.

Review of this facility's pressure injury and skin condition assessment policy, revised 1/17/2018.

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6015333 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD **APERION CARE FOREST PARK** FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID מו PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 14 S9999 notes a skin condition assessment and pressure ulcer risk assessment (Braden score) will be completed at the time of admission/re-admission. The pressure ulcer risk assessment will be updated quarterly and as necessary. Residents identified will have a weekly skin assessment by a licensed nurse. Awound assessment will be initiated and documented in the resident chart when pressure and/or other ulcers are identified by the licensed nurse. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be reported promptly to the charge nurse who will perform the detailed assessment. At the earliest sign of a pressure injury or other skin problem, the resident, legal representative, and attending physician will be notified. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes. The licensed nurse is responsible for notifying the attending physician, director of nursing, and legal representative of any suspected wound infection. The attending physician will be notified within 7-14 days of the resident's lack of response to treatment. Review of this facility's pressure ulcer prevention policy, revised 1/15/2018, notes to inspect the skin several times daily during bathing, hygiene, and repositioning measures. Turn dependent resident every two hours or as needed and position resident with pillow or pads protecting bony prominences. Specialty mattresses are used for residents who have multiple stage 2 wounds or one or more stage 3 or stage 4 wounds. (A)